

New England Common Assessment Program

SUBSTITUTE REIMBURSEMENT FORM

Please complete the top section of this form and give to the proper person or agency (Principal / Superintendent / Business Manager) responsible for handling the payment of substitutes.

This section to be completed by committee member.

Meeting:	<u>NECAP Standard Setting</u>		
Meeting Location:	<u>Manchester, NH</u>	Meeting Date:	<u>January 5-6, or January 9-10, 2006</u>
Teacher Name:	_____		
School Name:	_____		
District Name:	_____		

This section to be completed by person/agency responsible for handling the payment of substitutes.

Total substitute reimbursement due from Measured Progress for the NECAP Standard			
Setting meeting is: <u>\$100 per day</u>			
Make check payable to:	_____		
Address:	_____		
	City:	State:	Zip:
	_____	_____	_____
Phone Number:	() _____		
Authorizing Signature:	_____		
Title:	_____		

Fax or mail this form to Amanda Smith:

Measured Progress
P.O. Box 1217, Dover, NH 03820
Fax: 866-821-3622
Phone: 800-431-8901 x2259

For Measured Progress Use Only

Date of processing: _____	Processed by: <u>Amanda Smith</u>
Amount of reimbursement: \$ _____	Contract: <u>1363-116</u>